UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

1402782 **OMB APPROVAL**

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

Name of Offering ([]] check if this is an amendment and name has changed, and indicate change.) KallOut, Inc. Series A Preferred Stock Financing Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 Type of Filing: [X] New Filing [] Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ([]] check if this is an amendment and name has changed, and indicate change.) KallOut, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 9600 Blue Larkspur Lane, Suite 201, Monterey, CA 93940 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Software Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada: FN for foreign jurisdiction) [DE]				
Filing Under (Check box(es) that apply): Type of Filing: [X] New Filing A. BASIC IDENTIFICATION DATA A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ([]] check if this is an amendment and name has changed, and indicate change.) KallOut, Inc. Address of Executive Offices 9600 Blue Larkspur Lane, Suite 201, Monterey, CA 93940 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Software Type of Business Organization [X] corporation or Organization: [X] Actual [X] Corporation or Organization:	* '	_		MAIL
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Actual or Estimated Date of Incorporation or Organization: [03] [2006] [X] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	business trust			
	•	r Organization: [03] [20	006] [X] Ac	tual [] Estimated
	Jurisdiction of Incorporation or Organization	· · · · · · · · · · · · · · · · · · ·		IDEI .

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner [] General and/or Managing Partner	[X] Executive Officer	[] Director				
Full Name (Last name first, if individual)							
Lorenzen, Lee c/o KallOut, Inc.							
	mber and Street, City, State, Zip Code)						
9600 Blue Larkspur Lane, Suite 201, Monterey, CA 93940							
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[X] Director				
	[] General and/or Managing Partner	• •	. ,				
Full Name (Last name first, if indivi							
Jordan, James F. c/o KallOut, Ir	-						
	mber and Street, City, State, Zip Code)		•				
9600 Blue Larkspur Lane, Suite	201, Monterey, CA 93940						
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[X] Director				
	[] General and/or Managing Partner						
Full Name (Last name first, if indivi							
Johnson, Craig c/o KallOut, Inc.		•					
	mber and Street, City, State, Zip Code)						
9600 Blue Larkspur Lane, Suite							
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[X] Director				
	[] General and/or Managing Partner						
Full Name (Last name first, if indivi	-						
Lorenzen, Matthew c/o KallOut,			 .				
	mber and Street, City, State, Zip Code)						
9600 Blue Larkspur Lane, Suite		(1E (: 000	(3/2.15)				
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[X] Director				
E UNI (I to Continue II)	General and/or Managing Partner		•				
Full Name (Last name first, if indivi	-						
Jack Van Valkenburgh c/o Kall							
	mber and Street, City, State, Zip Code)						
9600 Blue Larkspur Lane, Suite	Promoter [X] Beneficial Owner	[] Executive Officer	[] Director				
Check Box(es) that Apply:	General and/or Managing Partner	[] Executive Officer	[] Director				
Full Name (Last name first, if indivi							
Concept2Company Ventures, LL							
	mber and Street, City, State, Zip Code)						
9600 Blue Larkspur Lane, Suite							
Check Box(es) that Apply:	Promoter [X] Beneficial Owner	r [] Executive Officer	[] Director				
Chock Bon(es) that rippiy.	[] General and/or Managing Partner	() 2	[] =				
Full Name (Last name first, if indivi							
Altura Ventures, LLC c/o KallOu	•						
	mber and Street, City, State, Zip Code)						
9600 Blue Larkspur Lane, Suite							
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director				
	[] General and/or Managing Partner						
Full Name (Last name first, if indiv	idual)						
Business or Residence Address (Number and Street, City, State, Zip Code)							
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)							

B. INFORMATION ABOUT OFFERING													
1.	Has the issue	r sold, or c	loes the iss					tors in this nn 2, if fili			••••		Yes No [] {X}
What is the minimum investment that will be accepted from any individual?							\$ <u>NONE</u>						
3. Does the offering permit joint ownership of a single unit?							Yes No[] [X]						
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full	l Name (Last n	ame first, i	if individu	al)									
Bus	siness or Reside	ence Addre	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)						
Nar	ne of Associate	ed Broker	or Dealer										
Stat	tes in Which Pe	erson Liste	d Has Sol	icited or In	tends to Se	olicit Purcl	nasers			<u>-</u>			
	(Check		s" or check [AZ]	individua [AR]	l States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]		[HI]	[] All States [ID]
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[IA] [IA] [NV] [SD]	[KS] [NH] [TN]	[CX] [KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	MI] [OH] [WV]	[GA] [MN] [OK] [WI]	MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full	Name (Last n				[144]	[0.2]				1.7.1	1.7.•1	177.51	
Bus	iness or Reside	nce Addre	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)						
Nan	ne of Associate	ed Broker	or Dealer										
Stat	es in Which Pe	rson Liste	d Has Soli	cited or In	tends to Se	olicit Purch	nasers						
	(Check	'All States	s" or check	: individua	l States)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						***********	[] All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full	Name (Last na	ame first, i	f individu	al)									
Bus	iness or Reside	nce Addre	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)	•	·				
Nar	ne of Associate	d Broker	or Dealer						··· ·				
Stat	es in Which Pe	erson Liste	d Has Soli	cited or In	tends to Se	olicit Purch	nasers						
	(Check	'All States	s" or check	individua	l States)								[] All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] {OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total 1. amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Type of Security Aggregate Offering Price Sold Debt..... Equity \$1,356,086.00 \$1,356,086.00 [] Common [X] Preferred Convertible Securities (including warrants)..... Partnership Interests Other (Convertible Promissory Notes)..... \$1,356,086.00 \$1,356,086.00 Total Answer also in Appendix, Column 3, if filing Under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases \$<u>1,356,086.00</u> Accredited Investors..... Non-accredited Investors.... Total (for filings Under Rule 504 Only)..... Answer also in Appendix, Column 4 if filing under ULOE If this filing is for an offering Under Rule 504 or 505, enter the information requested 3. for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Security Type of Dollar Amount Security Sold Rule 505 Regulation A Rule 504 a. Furnish a statement of all expenses in connection with the issuance and distribution 4. of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and

\$20,000.00

check the box to the left of the estimate...

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	 b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 		\$1,336,086.00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	\$[]	\$
	Research and Development	\$[]	\$
	Purchase, rental or leasing and installation of machinery and equipment	\$[]	\$
	Construction or leasing of plant buildings and facilities	\$ []	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	\$[]	\$
	Repayment of indebtedness	\$[]	\$
	Working capital and general corporate purposes []	\$[X]	\$1,336,086.00
	Other (specify): []	\$[]	\$
	Column totals	s []	s
	Total payments listed (column totals added)	[X] \$ <u>1,336,086.00</u>	

D. FEDERAL SIGNATURE						
The issuer has duly caused this notice to be signed by the undersigned duly authoristitutes an undertaking by the issuer to furnish to the U.S. Securities and Extended the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 5.	change Commission) upon written request of its sta	05, the following signature aff, the information furnished by				
Issuer (Print or Type) KallOut, Inc.	Signature	Date 6/1/07				
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
Louis D. Soto	Secretary					

Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

